

**Report of Assessable Ocean Marine and Inland Marine Premium
for the Virginia Property and Casualty Insurance Guaranty Association**

_____ Company Name	_____/_____ NAIC Group/Co. Code
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Effective July 1, 1993, the exclusion from coverage by the Virginia Property and Casualty Insurance Guaranty Association (Association) given in § 38.2-1601 was changed from "Ocean marine insurance" to "Insurance of vessels or craft used primarily in a trade or business, their cargoes, and marine builders' risk and marine protection and indemnity." This Report should be completed by all companies authorized to write either ocean or inland marine premium in Virginia. It must be sent DIRECTLY TO THE ASSOCIATION at the address below.

- | | |
|---|-----------|
| (1) Total 2004 Direct Written Ocean Marine Premium
[Page 20, Line 8, Col. 1] | \$ _____ |
| (2) Total 2004 Direct Written Inland Marine Premium
[Page 20, Line 9, Col. 1] | \$ _____ |
| (3) Total 2004 Inland and Ocean Marine Premium [(1) + (2)] | \$ _____ |
| (4) Total 2004 Direct Written Ocean Marine and Inland Marine Premium
for "Insurance of vessels or craft used primarily in a trade or business,
their cargoes, and marine builders' risk and marine protection and indemnity." | (_____) |
| (5) Total 2004 Ocean Marine and Inland Marine Premium Assessable
by the Association. [(3) - (4)] | \$ _____ |

Dated and signed this _____ day of _____, 20____ at _____.

_____, being duly sworn according to law, deposes and says
(Name of Officer)

that the answers to the questions and the declarations contained in this report are true and correct.

_____ (Signature of Officer)	_____ (Title)
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State of _____

City/County of _____

Personally appeared before me the above named _____,
personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that
the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20____.

(SEAL)

Notary Public

My Commission Expires: _____

Please note that failure to submit this form will result in the Association assuming that ALL 2004 Direct Written Ocean Marine and Inland Marine Premium is assessable by the Association for the purposes provided for under Chapter 16 of Title 38.2 of the Code of Virginia. Any questions concerning this form should be directed to the Association at the address below. This form should be mailed directly to the following address by April 1, 2005:

**Virginia Property and Casualty Insurance Guaranty Association
Page 20 Information
Guaranty Fund Management Services
One Bowdoin Square
Boston, MA 02114-2916
(617) 227-7020**